

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10708753
Filing Date	March 23, 2004
First Named Inventor	Malachy Devlin
Art Unit	
Examiner Name	
Attorney Docket Number	021230-000120US

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

51111

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

51111

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature /Malachy Devlin/

Name Malachy Devlin

Date April 30, 2007

Telephone

+44 1236 789505

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.